Anaphylactic Reaction in a Patient Undergoing Open Appendicectomy and Right Hemicolectomy

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INTRODUCTION

Latex is one of the most common causes of intraoperative anaphylactic reactions.¹ Despite the increasing number of detected latex allergies in general population, severe anaphylactic reactions during surgical procedures are still rare.

Case Report:

- A 19-year-old male presented for an emergency appendicectomy and right hemicolectomy after a car accident.
- No allergies were reported, and his preoperative medical history and physical examination were unremarkable.
- A **rapid sequence induction** was performed with fentanyl, propofol and rocuronium, and anaesthesia maintained with desflurane.
- **50 minutes later**, patient presented bronchospasm, tachycardia (135 beat/min), hypotension (68/40 mmHg) and desaturation (SpO₂ 89%). Wheezing and rales were detected. Ventilation with **100% O₂ was administered and desflurane was replaced by sevoflurane**. One more large bore access were placed and rapid infusion of 1500 mL of **Ringer's Lactate** was initiated.
- **Drugs administered:** Phenylephrine 100 µg, hydrocortisone 200 mg and 6 “puffs” of salbutamol.
The patient's vital signs were recovered
- **At the end of the surgery**, patient presented once again bronchospasm, tachycardia and desaturation. Skin eruptions involving the whole body and periorbital angioedema were observed.
- **Posteriorly administered:** adrenalin 5 µg/kg (350 µg) and repeated salbutamol.
- 10 minutes later, after vital signs returned to normal, the patient was intubated and ventilated transferred to the ICU. He remained hemodynamically stable during the postoperative course and was discharged 3 days later.
- Posteriorly, family referred that the patient used to present periorbital and perioral edema when **blowing rubber balloons during his childhood**.

We assumed an anaphylactic reaction to latex

Discussion

Anaphylaxis is a life-threatening, unpredictable, and dose independent reaction. An early recognition of signs and symptoms is essential for immediate treatment and prevention of adverse outcomes. A high suspicion index is also extremely important.

Learning points

After clinical stabilization, measures should be taken to confirm diagnostic hypothesis (levels of tryptase). These patients' follow-up is extremely important in order to provide safer future procedures.

1. **References:** Lieberman P. Anaphylactic reactions during surgical and medical procedures. J Allergy Clin Immunol 2002; 110: 64–69.